



THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE DEPARTMENT

STATE HOUSE • BOSTON 02133

(617) 725-4000

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

April 13, 2006

Ms. Dorcas R. Hardy
Chairman
White House Conference on Aging Policy Committee
4350 East West Highway, 3rd Floor
Bethesda, Maryland 20814

Dear Chairman Hardy:

Thank you for the outstanding work that you and the 2005 White House Conference on Aging Policy Committee have done in examining the issues facing our aging nation. The Conference came at a pivotal time in our nation's history. As Massachusetts prepares for the age wave, I look forward to the Final Report of the White House Conference on Aging.

I am pleased to share with you the Commonwealth's priorities as you bring the good work and ideas of the delegates and members of the Policy and Advisory Committees to fruition. Many of the strategies and ideas for action advanced through the White House Conference on Aging are aligned with activities and initiatives that are a priority for Massachusetts.

The Massachusetts *Community First* policy refers to an overarching set of principles, programs and initiatives with respect to support for elders, older veterans and people with disabilities. (See *Resolutions #30, 31, 33, 34, 42, 44, 46, 48, 61*) Central to the *Community First* policy is the recognition of the challenges that our country and the Commonwealth face as our population ages, and the opportunities available as a result of advances in health care and medical technology. This policy employs a comprehensive strategy in its implementation that addresses financing, choice, quality, multiple modes of service delivery and both the paid and unpaid workforce. (See *Resolution #30*)

Community First rests on several key components:

Health Care: A program new to Massachusetts that is receiving national recognition is our Senior Care Options program (SCO). This program blends funding from Medicare and Medicaid to offer services more robust than either alone, and has already begun to positively affect the lives and health status of some of our most vulnerable elders.

SCO in Massachusetts operates through a partnership between the Center for Medicare and Medicaid Services (CMS), the Commonwealth, and three networks of providers to offer elders a host of primary and ancillary health services including mental health care, vision and eye care, dental care, prescriptions, home care services as well as durable medical equipment. In addition, by working with the network of elder services providers, SCO is able to harness the social supportive services important to the well-being of elders. The program has also met great success in reaching out to communities of minority elders and those with limited English proficiency. (See Resolutions #37, 44, 61)

In addition to this initiative, the Executive Office of Elder Affairs, in collaboration with our statewide network of Aging Services Access Points (ASAPs), is developing a program to bring mental health services to elders in their homes, and with the state Department of Mental Health to integrate services for elders more completely. Further, these groups are working together with our system of Councils on Aging and emergency services providers on effectively bringing these services to elders. We have recently completed a study on the value of depression screening for older adults with the University of Massachusetts Medical School, and the data from this study will inform future work. The Commonwealth has also been involved in an anti-stigma campaign to reduce this barrier to care by educating elders and their caregivers about mental health and its treatment. (See Resolution #34)

In April 2006, "*An Act Promoting Access to Health Care*" was signed into law. Among many groundbreaking provisions, this legislation establishes a health care quality and cost council, which, among other things, will establish and maintain a consumer health information Web site. The Web site will contain information comparing the cost and quality of health care services and will assist consumers in making informed decisions regarding their medical care and informed choices between health care providers. (See Resolution #37)

Massachusetts has also been able to bring to bear the resources of our world-class academic and health care institutions to support the well-being of our seniors. We have supplemented the funds provided for elder nutrition with state dollars, and partnered with Tufts University and Lahey Clinic on pilots to educate elders regarding disease management through our meals programs. (See Resolutions #31, 46)

Our Commonwealth is also proud to host the University of Massachusetts Medical School's Division of Geriatric Medicine, which is focused on medical education, clinical care, cutting-edge research, and community and public service. The University of Massachusetts also offers courses through its Gerontology Institute, which carries out basic and applied social and economic research on aging and engages in public education on aging policy issues, with an emphasis in four areas: income security, health (including long-term care), productive aging and basic social and demographic research on aging. (See Resolution #41)

Currently under development, and including collaboration between the Executive Office of Elder Affairs and MassHealth (the state Medicaid program), is a request for a waiver that will allow us to continue to advance the goals of *Community First*. This waiver request is based on sound findings from our own research and that of a database using linked Medicare-Medicaid information.

This, coupled with the work emerging from our CMS Systems Transformation Grant, our ongoing collaboration with the University of Massachusetts' Commonwealth Medicine, and work with the National Governors Association Center for Best Practices and the National Academy of State Health Plans, will allow us to continue to develop and refine our suite of services for elders in ways grounded in solid research and recognition of best practices. (*See Resolutions #31, 46, 61*)

Housing with Supports: Fundamental to the ability of elders to age in the communities that they helped to build and continue to enrich is affordable, accessible and available housing with supportive services. According to AARP in its report "Beyond 50.05," a livable community is one "that has affordable and appropriate housing, supportive community services, and adequate mobility options which together facilitate personal independence and the engagement of residents in civic and social life." The Executive Office of Elder Affairs, along with its sister agencies, has put in place a number of programs that allow seniors to remain in the community in a variety of settings. (*See Resolution #42, 14, 23, 24*)

Caring Homes is a new program due for full implementation pending approval of a CMS waiver. Targeted at MassHealth members who are nursing facility eligible, the on-going pilot program offers a modest stipend of \$1,800 per month to individuals, including certain family members, who host and care for an elder in their home. Based on an Adult Foster Care model of service delivery, the program allows elders an additional choice of care setting and offers one solution to the critical need for elder care workers.

Our award winning Supportive Housing program reflects a partnership between the Executive Office of Elder Affairs, our network of ASAPs, the state Department of Housing and Community Development and local housing authorities to provide "assisted-living like" services to residents of elder public housing. The program allows residents to elect a variety of home care services as needed, and offers at least one meal per day in a congregate setting.

The boom in housing prices in Massachusetts has been double-edged for elder homeowners – dramatically increasing their equity, while also increasing their property tax responsibilities. Massachusetts is committed to ensuring elders are able to remain in their homes. A recent 2005 amendment to the Senior Circuit Breaker Tax Credit Program provides expanded eligibility criteria and greater relief to senior property taxpayers. Eligible taxpayers who own their property may claim a credit equal to the amount by which their property tax payments in the current tax year, (excluding any exemptions and/or abatements) and use charges, exceed ten percent of their "total income" for that tax year.

The statewide Home Care program, in existence in Massachusetts for more than 30 years, provides case management through our network of ASAPs. The ASAPs contract with a range of service providers to address the documented needs of eligible elders. Available services range from homemaker services to adult day health programs, to skilled nursing, to helping elders with their activities of daily living. Home care services can also be offered to elders with nursing home level of frailty through our Choices program.

Under development or in research are several other housing options with support initiatives to allow elders to remain in their homes for as long as possible, including a plan to bring social support services to residents of Rest Homes (Board and Care Homes), and a public-private partnership to expand opportunities for congregate living arrangements for frail or isolated elders.

Senior centers will also continue to be an integral part of community living for elders. As the population ages, the demands on them will increase. Communities should be prepared to address the increased and varying needs of the Boomer Generation. (*See Resolution #15*)

Long-Term Care Financing: (*See Resolution #5*) The Deficit Reduction Act of 2006 allows states to work to mitigate future Medicaid Long Term Care expenses and to foster individual planning and responsibility for such care through the creation of Long Term Care Insurance Partnerships. Currently in research and development, with the Executive Office of Elder Affairs, is a plan for a Massachusetts Long Term Care Financing Collaborative that would create a relationship between individuals, insurers and the Commonwealth in the financing of long term care. In addition, the Partnership would offer outreach and education targeted to middle-income baby boomers on long-term care planning.

Civic Engagement: (*See Resolutions #56, 59*) While it is important to acknowledge the disparities in measures of income, wealth and education among the Boomer cohort, it is also essential to recognize that this is one of the best resourced and educated groups in American history. As the population ages, and as this cohort begins to retire from the traditional, formal workplace, it will be important for the quality of our common lives to capture the expertise of this group to address critical social needs. In Massachusetts, we have developed the Web site www.mass.gov/connectandserve, which is a free web-based volunteer recruitment and management tool that matches organizations offering volunteer opportunities with individual volunteers from across the state. Individuals can use the portal to search for volunteer opportunities, and volunteers may contact organizations through the portal, create a profile, and choose to receive e-mails with opportunities that match their interests.

Elder Affairs and the Department of Labor and Workforce Development are developing a strategy to reach out to Human Resources departments in order to educate them on the value of older workers and the need for developing policies that ensure older workers are supported. (*See Resolution #11*)

Prevention and Prosecution of Elder Abuse: (*See Resolution #19*) Massachusetts has recently enacted several pieces of legislation that enhance the prevention and reporting of elder abuse, neglect and exploitation, and the prosecution of the perpetrators of such crimes. “*An Act Relative to the Reporting of Abuse of Elders*” adds Council on Aging Directors and outreach workers to the list of persons who are mandated to make a report if they have reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse. Further, “*An Act Relative to Crimes Against Elders and Persons with Disabilities*” provides for increased monetary fines and terms of imprisonment for those who abuse, mistreat or neglect an elder or person with disabilities.

In July 2004, Massachusetts incorporated self-neglect into the legal definition of elder abuse. Self-neglect is defined as the failure or refusal of an elder to provide for him or herself one or more of the necessities essential for physical or emotional well-being, including food, clothing, shelter, personal care, supervision and medical care, which has resulted in, or where there is substantial reason to believe that such failure or refusal will immediately result in serious harm, and prevents the elder from remaining safely in the community. This change allows our Protective Services program to provide support and protection for this very vulnerable population.

I appreciate the opportunity to share comments with the White House Conference on Aging. Aging is a national issue that transcends every state's border. As such, it is critical that we come together at events such as the White House Conference to share our ideas and our vision. It is then that we do the best by the constituents who have done so much for us.

Massachusetts is well on the way to becoming a "Boomer Ready" state. Conversation amongst the Commonwealth's delegates to the Conference has been productive, and their continued involvement in advancing the top resolutions will be important. I am looking forward to reading the final report of the 2005 White House Conference on Aging as Massachusetts continues to refine its agenda to meet the Age Wave.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitt Romney". The signature is fluid and cursive, with the first name "Mitt" and last name "Romney" clearly distinguishable.

Mitt Romney